Comparing Your Prescription Drug Discount Options

Enter Drugs You Take _	Current Cost	Program 1:	Program 2:	Program 3:	Program 4:
Drug Name:					
Dose: Supply: No. of pills:					
Drug Name:					
Dose: Supply: No. of pills:					
Drug Name:					
Dose: Supply: No. of pills:					
Drug Name:					
Dose: Supply: No. of pills:					
Deductible, shipping or enrollment fee?					
Total Annual Costs*					

Make sure to calculate cost of 12 month supply and add deductible or enrollment fee, if applicable.